

**The Displaced Children and Orphans
Fund's Report on Northern Uganda
Children Affected by Violence**

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EXECUTIVE SUMMARY

For 11 years an insurgent group calling itself the Lord's Resistance Army (LRA) has carried out attacks against civilians and military forces in northern Uganda and tens of thousands of people have been killed. The impact of the conflict on children has been especially horrendous. The LRA maintains itself by preying on civilians, taking what it wants, raping, killing, and kidnaping. Both adults and children are abducted, initially to carry what has been pillaged, and if they survive the march to Sudan, they are trained as fighters or used as concubines. Children who have escaped from the LRA often tell of being forced to kill other children or to participate in atrocities against their own village or family. The feelings of guilt induced often makes abducted children feel that they cannot return home, and they become LRA fighters as the only way to survive. The group's leaders use child fighters as an expendable vanguard. The LRA totals between 2,000 to 4,000 fighters with others used for support tasks. Most of them are abductees; about half are assumed to be children and adolescents.

When abductees manage to escape from the LRA or are captured by the Ugandan army, they are often malnourished and in poor health and are sometimes wounded. Their traumatic experiences can impede readjustment to their families and communities. Sometimes community or family members are reluctant to accept them.

In response to the insecurity, population displacements, and consequent hardships in the north, the USAID Mission in Kampala set out a special objective to address the critical needs of the population, especially in the most affected districts of Gulu and Kitgum. In July 1998, USAID's Displaced Children and Orphans Fund (DCOF) sent a two-person team to Uganda to identify critical unmet needs among war-affected children and adolescents for northern districts of Uganda, specifically Gulu and Kitgum district; to review current and proposed activities; and to identify ways that DCOF funds could be used to address priority needs.

While the Ugandan economy has grown rapidly in recent years, the LRA insurgency has had devastating effects in Northern Uganda and left the most affected districts lagging behind the rest of the country. Agriculture, the primary livelihood in the north, has been disrupted. The insecurity effects every facet of life, and no one who lives in the north remains untouched. Education, health services, and village and family life are deteriorating as the crisis continues, and some 325,000 residents of Gulu and Kitgum, about 40 percent of the estimated population of the two districts, have been displaced into makeshift camps. Water, food, and sanitation are inadequate in the camps, and there is significant infant and child malnutrition. Many displaced children are unable to attend the temporary schools that have been established.

UNICEF estimates that since the LRA began its attacks, it has abducted around 8,000 children. The number of adults is probably larger. UNICEF estimates that about half the abducted have

eventually escaped or otherwise returned. Captives leave the LRA in several ways. They slip away while on the move, run away during a battle, or are caught by the army. The LRA targets adults as well as children, especially government workers and teachers. According to UNICEF, over 215 teachers have been killed. Also, 75 of a total of 178 primary schools were destroyed in Gulu just in the last year. The Government says its efforts to negotiate with the LRA have been rebuffed, and the level of insecurity seems to increase rather than subside. The long-term effects of living with trauma and displacement will remain even if the conflict were to end immediately.

The potential effects of armed conflict on children are profound. The physical risks are obvious: children can be killed or injured. They may become disabled as a result of injuries. The psychosocial impacts are harder to see but can be persistent and even more debilitating than physical trauma. The effects of their experiences can interfere with the ability of these children to relate to their families, benefit from school, participate in their communities, and live productive lives. The importance of recognizing and responding to such psychosocial distress appears to be widely recognized among many of the organizations and government agencies responding to needs of the war-affected population.

Despite the efforts being made in northern Uganda to promote the recovery of former abductees, little is known about what happens after they return home because there has been very little follow-up. There is a strong need to develop community-based follow-up systems that can help answer these questions.

Psychosocial Programs in Gulu and Kitgum

Two centers have been established in Gulu town to receive former abductees and facilitate their recovery and return to their families. The first was established by World Vision (WV), and it receives both adults and children from throughout northern Uganda. The other is managed by the Gulu Support the Children Organization (GUSCO), and it receives only children from Gulu District. Over 5,000 people have been assisted by the two centers. Neither organization, however, has carried out systematic follow-up to see how well children are able to reintegrate into their families and communities or to determine what problems they may have. GUSCO recognizes the importance of building support for war-affected children in the community, and it has trained teachers, local officials, and members of community-based groups. During the new funding period that began in August, GUSCO plans to give greater emphasis to community-based activities.

In April 1997, together with WV and district personnel, Associazione Volontari per il Servizio Internazionale (AVSI) facilitated two workshops on psychosocial support in Kitgum District. The first was for community volunteer counselors living in some of the camps and the second for government personnel. The objectives of the training were as follows:

- to improve identification of traumatized children and promote their recovery

- to follow up with children and their families
- to promote leisure and income-generating activities in the camps.

AVSI, in Kitgum District government, and UNICEF have signed a tripartite agreement for a district-wide Psychosocial Support Program for the period July 1998 to June 2000. The program's main activities are to include training community volunteer counselors, teachers, and health workers, and sensitizing and mobilizing communities around psychosocial needs. While the program is expected to give particular attention to the needs of formerly abducted children, it will also address the psychosocial needs of war-affected children and adolescents throughout the district. The International Rescue Committee (IRC) plans to coordinate with and provide support to community-based initiatives mobilized through the Kitgum District Psychosocial Support Program. IRC will complement AVSI's training by supporting community-level efforts to facilitate family reunification, follow up former abductees, and support their reintegration.

The Concerned Parents Association (CPA) was formed by parents of girls abducted in 1996 from St. Mary's College in Aboke, Apac District. It has advocated for their release and that of other abductees. Membership in the organization has since been opened to anyone who supports their aims and totals over 1,000. CPA's objectives include returning all abductees, ending abductions, contributing to peace initiatives, and offering support services to families of abductees. It has not received any significant funding and operates on a volunteer basis.

UNICEF has helped to organize a dynamic, inter-organizational Psychosocial Support Group that includes the various bodies responding to psychosocial needs generated by the conflict in the north, the influx of refugees from Sudan, and the insurgency in Kasese District in western Uganda. The Core Group advocates attention to psychosocial issues, facilitates coordination among the bodies involved, assesses needs and responses, and promotes improved interventions.

UNICEF has also played an ongoing advocacy role concerning the prevention of abductions in northern Uganda and the release of LRA abductees. It is developing a database on abductions to provide more accurate information on the extent of the problem for use in advocacy, planning services, and facilitating family reunification.

Observations Concerning Programs and Needs in Gulu and Kitgum

Much positive work is being done in Gulu and Kitgum to address the needs of former abductees. In Gulu, efforts have largely been concentrated in the two centers. Although some efforts have been made at the community level, there are no systems in place to follow up or provide support to former abductees or to their families. In Kitgum, efforts are at an earlier stage of development but the focus is primarily toward developing community-based initiatives.

Insecurity and the difficult conditions in the camps will constrain the development of community-level efforts to support the reintegration of former abductees and to address the

psychosocial needs of children affected by violence. Training and providing periodic support to people at the community level appears to be the best strategy in this context, but it will be

necessary to assess carefully whether to try to mobilize voluntary efforts or to pay community workers. How to facilitate family reunification also needs more attention.

Current programs are attempting to accomplish things in the centers that could be more effectively done in the communities to which children will return. The effectiveness of these programs might be improved by refocusing their objectives from promoting recovery from trauma to “the successful reintegration of former abductees into their families and communities.” Reception centers may help, but their efforts are incomplete because family and community reintegration takes place in the homes and communities of the former abductees. Helping individuals to recover from trauma cannot be addressed effectively in isolation from the families and communities of returnees because the healing that needs to take place is social as well as psychological, and it involves the families and community members as well as the former abductees.

While the former abductees do need particular attention, the conflict in the north has affected children generally. Many of these children have family care and support that helps them to cope with the stresses but others do not, and they need attention. It is important to sensitize families and communities to the ways that armed conflict affects children’s well-being and to mobilize efforts to support and promote the healthy development of the children most seriously affected by the conflict and their current living conditions. Basic strategies include promoting structured activities for children generally and to make specific efforts to include those who are withdrawn, isolated, or otherwise showing signs of distress by facilitating participation in school, structured nonformal education, or skills training activities. Religious activities and traditional cleansing ceremonies can also be important in children’s recovery and reintegration. Community-based efforts are also needed to provide psychosocial support to the families of abducted children.

The team observed significant differences between the two centers in Gulu. The more open atmosphere in the GUSCO center may result from its having more adequate space and serving only children. By increasing the availability of support at the family and community level, most of the former abductees could spend much less time there or go home directly.

Organizations addressing psychosocial needs among children in northern Uganda have significant experiences to share and could also benefit from exchange with NGOs that have demonstrated effective approaches in other situations. NGOs in Uganda should try to benefit from what others have learned and share their own lessons with others.

Recommendations

1. DCOF should provide funds to address the psychosocial needs of children affected by armed

conflict, particularly in the districts of Gulu and Kitgum and include provision for sub-grants to local NGOs and CBOs.

2. The primary focus of DCOF funding should be to facilitate and expedite the reintegration of children abducted by the LRA into their families and communities. Activities should not, for example, be tied to specific camps. The mission should give priority to activities that do the following:

- Sensitize families and communities to the needs of children affected by armed conflict, in particular those who have been abducted;
- Mobilize activities that communities identify as beneficial for their children, such as nonformal education, sports, drama, art, and cultural activities;
- Facilitate the integration of former abductees into such activities along with other children in their communities;
- Build the capacities of families and communities (including adolescents) to recognize and respond to the needs of children made especially vulnerable by armed conflict;
- Facilitate the psychosocial healing of children in ways consistent with the beliefs of the former abductees and their families;
- Identify children in need of referral to support and treatment that cannot be provided effectively in their communities and improve local capacities to provide mental health services for such children;
- Develop and support apprenticeships or other forms of hands-on training in communities to facilitate the reintegration of former abductees; and
- Are carried out in coordination with the Core Group on Psychosocial Support.

3. An additional focus of DCOF funding should be to build community capacity to prevent and mitigate the most serious psychosocial impacts of violence and displacement on children generally in Kitgum and Gulu.

4. In consultation with the USAID Mission, DCOF should contribute to the regional exchange of experience and technical information between the Core Group on Psychosocial Support and organizations with relevant experience in other countries (including current and former grantee organizations).

5. In reviewing any activities proposed for USAID/DCOF funding, reviewers should give priority to initiatives that strengthen and foster collaboration among the NGOs already responding to psychosocial needs in northern Uganda.
6. DCOF should provide such technical support as may be required by the mission to assess proposals or to ensure that activities to be funded are developed in keeping with DCOF's approach to the psychosocial needs of war-affected children.
7. Through the Core Group on Psychosocial Support, UNICEF should develop a tracing and family reunification network (involving, for example, local government, health systems, church networks, NGOs, and CBOs) for northern Uganda linking information on abductees obtained from parents with information provided by former abductees.

LIST OF ACRONYMS AND ABBREVIATIONS

AVSI	Associazione Volontari per il Servizio Internazionale (International Service Volunteers's Association)
CCF	Christian Children's Fund
CPA	Concerned Parents Association
DANIDA	Danish International Development Agency
DCOF	Displaced Children and Orphans Fund
FINCA	Foundation for International Assistance
GUSCO	Gulu Support the Children Organization
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
IRC	International Rescue Committee
LRA	Lord's Resistance Army
NGO	Nongovernmental organization
SCF	Save the Children Fund of the United Kingdom
UNICEF	United Nations Children's Fund
UPDF	Uganda Peoples' Defense Force
USAID	United States Agency for International Development
WFP	World Food Program
WV	World Vision

BACKGROUND

For the past 11 years a shadowy group, the Lord's Resistance Army (LRA), has carried out attacks on the civilian population in northern Uganda¹, as well as clashing periodically with the Ugandan army. Led by Joseph Kony and supported by Sudan, the LRA is a predatory group whose principal victims have been children, government workers, teachers, and members of the Uganda Peoples' Defense Force (UPDF). In his August 1997 report, "The Anguish of Northern Uganda," Robert Gersony writes, "I will not venture an estimate of the number of persons who have been killed in the conflict since 1986. It appears however that these deaths would be measured in the tens of thousands...."²

The ongoing violence has its roots in Ugandan history, Sudan/Uganda politics, North/South politics, and economics. It is often referred to as war or as armed conflict, but in most respects it lacks the purposefulness that these terms suggest. Especially from the perspective of the children affected, it is simply a situation of ongoing violence, essentially without meaning or purpose. Major factors defining the situation in which many children live in the most affected districts of Gulu and Kitgum include unpredictable and ongoing threats or experience of violence, displacement, loss of family members, abduction, injury, and death. (See Appendix 1 for a brief history of the conflict.)

The impact of the conflict on children has been especially horrendous. The LRA maintains itself by preying on civilians, taking what it wants, raping, killing, and kidnaping. Both adults and children are abducted, initially to carry what has been pillaged, and if they survive the march to Sudan, they are trained as fighters or used as concubines. Children who have escaped from the LRA often tell of being forced to kill other children or to participate in atrocities against their own village or family. The feelings of guilt induced often makes abducted children feel that they cannot return home, and they become LRA fighters as the only way to survive.

In its 1997 report on the children abducted by the LRA, Human Rights Watch/Africa says that these rebels prefer children 14 to 16 years of age but sometimes take children as young as eight. Some are killed for trying to escape; others die of dysentery or starve while in the bush. Violence and threats are used to control abductees. The report states the following:

Failed escape attempts continue to be punished by death, and successful escape attempts lead to retaliation: if one sibling escapes, the rebels often kill the other sibling, or return to the child's home village and slaughter any surviving relatives.

In effect, children abducted by the Lord's Resistance Army become slaves: their labor, their bodies, and their lives are all at the disposal of their rebel captors.³

The report also recognizes the LRA's impact on children generally:

The frequent attacks have destabilized the countryside in northern Uganda, destroying the region's agricultural base and wreaking havoc on education and health care. Hundreds of village schools have been raided by rebels desperate to get their hands on medicines. As a result, northern Uganda today faces an acute humanitarian crisis.⁴

The report also cites repeated but unconfirmed rumors that in southern Sudan some children are sold as slaves in exchange for food or arms.⁵

The LRA is estimated to total 2,000 to 4,000 fighters with others used for support tasks. Most of them are abductees and about half are assumed to be children and adolescents. The LRA has no political agenda apart from its call for the overthrow of the current government. Its call for a return to the 10 commandments is so thoroughly contradicted by its own actions as to be without meaning. It controls no territory. The LRA's leaders and members are almost entirely Acholi, the primary ethnic group in the districts of Gulu and Kitgum, but it does not enjoy significant popular support among the Acholi people, because they have borne the brunt of its attacks and abductions. The "religious" dimension of LRA seems to be superficially drawn from Christianity, traditional Acholi practices, and increasingly, Islam, since Sudan began providing it support.

Gersony's report says that Kony claims to be a medium for several spirits who provide guidance to the LRA. These spirits include a female Sudanese Chief of Operations, a Chinese Deputy, an American who commands that stones be turned into grenades, another American who fights with the LRA but switches to the Ugandan army if he is disobeyed, and Juma Oris, former foreign minister of Idi Amin and the leader of another Ugandan insurgent group.⁶ Alternative interpretations of Kony's spirit channeling behavior could include opportunistic manipulation of his followers or multiple personality disorder.

When abductees manage to escape from the LRA or are captured by the UPDF, they are often malnourished and in poor health and sometimes are wounded. Their traumatic experiences can impede readjustment to their families and communities. Most former fighters have participated in raids or killed community members, and young women and girls who have been sexually abused sometimes return with babies born to LRA fighters. Some community residents and family members blame and fear former abductees and are reluctant to accept them if they return home. Their experiences during abduction also generate strong feelings of guilt among the former abductees, who are sometimes reluctant to return to their communities.

When the United States' First Lady Hilary Clinton visited Uganda in March 1998, she noted the terrible toll the conflict was taking on children and their families in northern Uganda:

Like terrorists and dictators throughout history, the LRA claims to be doing the Lord's

work. But there is no greater sin than forcing children to murder each other, family members, and even the parents who brought them into existence. There is no greater sin than raping young girls and sending them into slave labor. And there is no greater sin than using children as human shields in battle.⁷

Mrs. Clinton's visit provided an opportunity for the Displaced Children and Orphans Fund (DCOF) of the United States Agency for International Development (USAID) to examine the situation in northern Uganda and assess how the Fund might compliment on going activities.

USAID's Special Objective in Northern Uganda

In response to the insecurity, population displacements, and consequent hardships in the North, the USAID Mission in Kampala set out a special objective to address the critical needs of the population, especially in the most affected districts of Gulu and Kitgum. Such an objective allows USAID to direct funding in addition to that directed toward the Strategic Objectives in its country plan and to use a separate measure of results. A special objective addresses circumstances where USAID has a comparative advantage but that do not fit within USAID's regular development framework.

The mission's Special Objective is "Improved Foundation for Reintegration of Targeted Areas in Northern Uganda." DCOF activities would fit under the intermediate result within that framework, "The enhanced recovery of victims from physical and psychological impacts of conflicts" (See Appendix 2 for additional information on the Special Objective).

Visit by a DCOF Team

USAID's Displaced Children and Orphans Fund began in 1989 with a specific appropriation from Congress calling for assistance to children affected by war, orphaned by AIDS, or living on the street. The program is administered by USAID's Office of Health and Nutrition in Washington, D.C., and provides funding to registered nongovernmental organizations in support of the Fund's objective, "to promote the physical, mental and social well being of children affected by war, unaccompanied minors without adult supervision, including children living on the street and those orphaned by AIDS.

The team of John Williamson and Catherine Savino visited Uganda from July 21 to 31, 1998, on behalf of DCOF. The scope of work for this assignment was to identify critical unmet needs among war-affected children and adolescents for northern districts of Uganda, specifically Gulu and Kitgum district; to review current and proposed activities; and to identify ways that DCOF funds could be used to address priority needs.

Based on review of the available documents, interviews, and site visits, the team met with 18 organizations and 37 individuals plus the 14 members of the Interagency Core Group on Psychosocial Support. Because of security concerns, the team was confined to Gulu town and was only able to visit the centers run by GUSCO and WV and to meet with district officials. The rest of the team's work was done in Kampala. The team's itinerary is included as Appendix 3.

Previous DCOF Support in Uganda

DCOF's first assessment in Uganda was carried out in 1991 and its initial funding was channeled to the country the following year. This involvement was primarily motivated by concern about the large number of children being orphaned by AIDS. DCOF assistance was instrumental in helping to establish Uganda's national policy that encourages family and community care for orphans rather than placement in institutions.

With DCOF support, through funding to Save the Children Fund of the United Kingdom (SCF), the capacity of the Department for Child Care and Protection (within the Ministry of Gender, Labor and Social Development) was strengthened in policy development, computer skills, and data collection, and the department's capacity to plan and implement programs was increased. A statute setting standards for the residential care of children was established, and the department's capacity to enforce it was strengthened. The number of residential institutions for children was reduced from 75, many of which had very poor conditions, to 45, and through family reunification the number of children in residential care was reduced from about 3,500 to 1,800. The quality of care in centers was improved through a DCOF-funded distance-learning program for center personnel that was managed by SCF and the department.

DCOF funds were also used to enable the Foundation for International Assistance (FINCA) to provide microcredit, technical assistance, and training to improve the economic status of poor women, in a geographic area where most families were caring for children orphaned by AIDS. Group lending, microenterprise, and the needs of the most vulnerable families were combined to increase the food security and savings of participants. Another grant to the Uganda Women's Effort to Save Orphans aimed at helping orphans, especially girls, to stay in school.

Characteristics of Gulu and Kitgum

While the Ugandan economy has grown rapidly in recent years, the LRA insurgency has had devastating effects in northern Uganda and left the most affected districts lagging the rest of the country. Agriculture, the primary livelihood in the north, has been disrupted. The insecurity affects every facet of life, and no one who lives in the north remains untouched. Education, health, and village and family life are deteriorating as the crisis continues, and some 325,000 residents of Gulu and Kitgum have been displaced into makeshift camps, about 40 percent of the estimated population of the two districts. Around 60,000 of the displaced children are able to

attend temporary schools.

In response to the abductions and killings by the LRA, in October 1996 the district government of Gulu ordered its rural population to move into 20 “protected villages,” in the proximity of UPDF units. This decision to group people involuntarily into common areas has met with mixed reviews. Insecurity varies based on geographic location, and some of these camps are safer than others. In Kitgum, where clustering was more voluntary, there are at least seven official camps, but in both districts conditions in the camps are poor. Water, food, sanitation, and health services are inadequate. Many children are not able to attend even the makeshift schools that have been set up.

No uniform policy governs the management of the protected villages and camps. These villages and camps were not adequately set up to handle the needs of the large numbers of people living within them. Some camps have few services, no NGO involvement, and no official monitoring. Although opportunities for agriculture and economic activity are very limited in the camps, to encourage self-support, World Food Program (WFP) rations have been set at less than half of a minimum basic diet. WFP food delivery can be sporadic because of insecurity, with some camps receiving food only once in two months. Inadequate provisions for water and sanitation and limited access to food and the opportunities to produce it have contributed to significant infant and child malnutrition problems.

Most of the children abducted are taken from Gulu and Kitgum, although children from other areas are also kidnaped. Reliable data are difficult to obtain, as the security situation remains precarious. To provide a better basis for understanding and responding to the situation, UNICEF is developing a database on abduction. With information entered from all districts in the north except Gulu, the abduction of 11,194 adults and children had been included in the database at the time of the team’s visit. Of these cases, 35 percent had been abducted as children.

Based on the information that had been entered into the database and anticipating the numbers that will be included from Gulu, UNICEF estimates that about 8,000 children have been abducted and that about 3,000 of them are still missing. The rate of return for children was lower than for adults. Of the child abduction cases entered, 49 percent had eventually returned, while 64 percent of the adults included had come back. Captives leave the LRA in several ways. They slip away while on the move, run away during a battle, or are caught by the army.

Abduction has increased over time. UNICEF said that in Gulu abductions started in 1986 but intensified in 1994, while most abductions in Kitgum have taken place since 1996. Children continue to be abducted almost on a daily basis.

LRA Tactics

Robert Gersony in his August 1997 report, "The Anguish of Northern Uganda" wrote, "In this unusual conflict, in which the perpetrators and the victims are both Acholi, ...the LRA's demand for obedience and its expression of anger at its perceived betrayal by its natural ethnic constituency...motivates a great deal of violence."⁸

The tactics employed by the LRA include the abduction, abuse, and terrorizing of children. They kidnap children from fields, on the way to and from school, and from their homes. Those who escape or resist are clubbed to death. In the early phase of its insurgency, the LRA mutilated some of the children abducted, cutting off noses and lips, but this seems to have become less frequent. Since 1994, with support from Sudan, the LRA has weapons and is better equipped than in its early stage, and there is no sign that the conflict is abating.

Once captured, children are forced to walk to carry burdens to the LRA's bases in Sudan. Boys are trained to be fighters or used as laborers to carry and cook. Girls are most often given to commanders as "wives" though some are trained to be fighters. Most of the children abducted are around 15 years old, although some are much younger. Approximately 75 percent are boys and 25 percent are girls.

The LRA also targets adults, especially government workers and teachers. According to UNICEF, over 215 teachers have been killed. Seventy-five of a total of 178 primary schools were destroyed in Gulu just in the last year.

LRA leaders use child fighters as an expendable vanguard. Leaders remain at the back and beat those who refuse to advance. Sometimes Kony says the Holy Spirit gives orders that children should not take cover during a fight, and they are told that those who obey will not be killed in battle, unless they have offended the Holy Spirit. Those who take cover, whether or not they are armed, are beaten.⁹

The Government says its efforts to negotiate with the LRA have been rebuffed, and the level of insecurity seems to increase rather than subside. The long-term effects of living with trauma and displacement will remain even if the conflict ends tomorrow.

The Effects on Children of Ongoing Violence

The potential effects of armed conflict on children are profound. The physical risks are obvious: children can be killed or injured. They may become disabled as a result of injuries. The psychosocial impacts are harder to see but can be persistent and even more debilitating than physical trauma.

In northern Uganda, the psychosocial effects can be severe on children who have been abducted, used and abused by the LRA, or who have otherwise been subjected to war-related violence,

displacement, and loss. Some of the effects observed by personnel working with former abductees include persistent nightmares, flashbacks, general irritability, mood swings, withdrawal, and difficulty concentrating.¹⁰ The effects of their experiences can interfere with the ability of these children to relate to their families, benefit from school, participate in their communities, and live productive lives. The importance of recognizing and responding to such psychosocial distress appears to be widely recognized among many of the organizations and government agencies responding to needs of the war-affected population. The level of awareness of and attention to these issues in Uganda contrasts sharply with some other situations where psychosocial problems have been ignored or considered to be only of minor significance and have been given little or no attention in relief and rehabilitation efforts.

Psychosocial intervention programs have been started in Gulu by WV and GUSCO, and in Kitgum by the AVSI (Associazione Volontari per il Servizio Internazionale). The International Rescue Committee (IRC) recently began a program in Kitgum and the Christian Children's Fund (CCF) is exploring the possibility of starting one in Gulu.

Despite the efforts being made in northern Uganda to promote the recovery of former abductees, little is known about what happens after they return home because there has been very little follow-up. UNICEF has recorded seven cases in Kitgum district of former abductees who have committed suicide after returning home. Preliminary information gathered by UNICEF indicates that about 70 percent of former abductees go through the reception centers run by WV or GUSCO, while the rest return directly to their homes. WV cites examples of former abductees who are doing well and believes that those who go through a center before returning home adjust better than those who go home directly. However, apart from limited anecdotal information, no one knows how well or poorly former abductees fare after they leave current programs, whether those who go through these programs actually do better than those who do not, what problems occur after abductees return home, or which kinds of intervention are most helpful in alleviating psychosocial distress and facilitating reintegration. A strong need exists to develop community-based follow-up systems that can help answer these questions.

Health Conditions

The health needs of the population are also deteriorating with indicators like maternal and infant mortality going up in Gulu, the district that already has the highest rate in the country. The infant mortality rate for Uganda has declined over time to its current rate of 96 deaths per 1,000. For Gulu the infant mortality rate is 172 deaths per 1,000 and for Kitgum the figure is 163 deaths per 1,000. Maternal mortality stands at 506 deaths per 100,000 births for Uganda overall; for Gulu, the figure is 750 deaths per 100,000 births

Other health problems like dysentery, measles, malaria and respiratory tract infections are exacerbated by camp living. At Pabbo Camp in Kilak, for example, there are only 100 latrines

for 40,000 people.

In its March-May 1998 progress report, Action Against Hunger-USA reported an under five mortality rate of 2.2 deaths per 1,000 people per day in the last three months. This rate held independent of whether or not there were health facilities in the camps and is considered to be at the alert level (over 4.0 is considered emergency level.)

HIV/AIDS and Orphans

Problems caused by armed conflict and displacement in northern Uganda are compounded by the impacts of HIV/AIDS. The ongoing violence has prevented the study of the evolution of the HIV epidemic in Gulu and Kitgum, but AIDS case data from as early as 1990 indicate that this is one of the more seriously affected parts of the country. The sexual predation of the LRA and the social disruption and displacement because of the conflict have likely accelerated the spread of HIV in Gulu and Kitgum. WV staff said that more orphans are due to AIDS in Gulu District than as a result of armed conflict, and that a substantial percentage of families are caring for orphans. In the 1991 national census, Gulu was one of the districts with the highest percentage of orphans. At that time, about 16 percent of all children had lost one or both parents to AIDS, war, or other causes, and since that time both AIDS and armed conflict have killed many parents. Health professionals acknowledge that AIDS is a contributing factor to the high morbidity and mortality in the area, but general insecurity and the lack of reporting make it difficult to measure the local impact of AIDS. The abduction and sexual abuse of children puts them at risk of HIV infection. Other factors contributing to the spread of HIV/AIDS include the disruption in education and the general poverty resulting from the conflict. As parents are unable to farm and feed their families and are housed where they cannot earn a living, family structures have been seriously weakened.

PSYCHOSOCIAL PROGRAMS IN GULU AND KITGUM

UNICEF estimates that around 30 percent of those who escape from the LRA find their way directly back to their families, but it appears most people who escape and those who are captured by the UPDF are initially kept by the army for periods of a few days to as long as three weeks. UNICEF has advocated to the army that any girls who come into the custody of the UPDF be released immediately. Most are then turned over either to the residential center run by WV or that of GUSCO. Most of the former child abductees from Gulu District are sent to the GUSCO Center, and the center run by WV receives formerly abducted adults and children from all districts in the north.

Typically, former abductees stay about six weeks in one of these centers before being reunited with their families. The staff members with whom the team met at each of these centers said that, although the period of stay was individually determined, a duration of several weeks was needed by most children in order to recover sufficiently, both physically and psychologically, in order to be able to reintegrate successfully into their families. However, the lack of follow-up and support at the community level also influence center staff to do what they can for children before they are released, and the absence of follow-up leaves center staff without any longer-term information to judge the benefits of assistance provided in the centers. Another factor that also influenced decisions by staff to retain children in the centers included the uncertainty of families about how to care for children who have witnessed and sometimes participated in killing.

Both WV and GUSCO have also done some community-level training in counseling or other psychosocial skills, although these efforts have been limited because of security concerns and staffing constraints. Because of insecurity in the areas where their parents are living and fears of possible re-abduction, some children do not return to live with their parents, but stay in the vicinity of Gulu with relatives.

World Vision Children of War Program

WV established its Gulu Children of War program in March 1995 in response to the needs of formerly abducted children. The program is based in Gulu town and includes a second facility in neighboring Masindi District. Identified as the Children's Trauma Center, the WV center in Gulu helps those it receives to recover from malnutrition, illness, and injuries and provides them counseling. In 1996, because of attacks in and around Gulu town, WV evacuated center residents to land in Masindi District made available by the UPDF. A second center has been maintained there, and the greater amount of land available permits agricultural training. Between the two centers WV provides skills training in masonry, carpentry, tailoring, home economics, hair dressing, bicycle repair, and agriculture.

By June 1998, a total of 4,300 people had passed through WV's Children of War Program. Of this total, 12 percent were young women and girls. At the time of the team's visit, there were 326 residents at the Gulu center, 75 of whom were girls. About 80 percent of those in the center are Acholi. An additional 226 residents were living at the Kiryandogo center in Masindi. The Gulu center has had as many as 612 residents at a one time living in its rather small compound. The facility in Gulu has been made available by the Ministry of Works, which continues to use some space in the compound for storage.

The WV center serves both children and adults from all over northern Uganda. The youngest former abductees at the center are 10 to 12 years old, and there is no upper age limit for the Gulu center. The counseling coordinator estimated that about half of those sent to the center had been LRA fighters, including some of the young women. Some of the young women have with them their babies who were born while they were under the control of the LRA. The center's liaison officer traces the family members of children.

The staff of the center in Gulu includes a counseling coordinator, eight counselors, a nurse, and assistant nurse, a liaison officer, and support personnel. WV has also trained 47 volunteers in counseling skills to supplement the work done by center staff and to do some counseling in communities.

A resident's length of stay in the Gulu center is determined by the staff's assessment of his or her physical and mental health. The counseling coordinator mentioned that parents sometimes want their children to stay as long as possible, because they lack adequate means to support them. Prior to a child's departure from the center, WV staff sometimes make home visits, but this is difficult since the majority of residents are from Kitgum District with its continuing security problems. WV staff acknowledged that some families believed in the importance of traditional cleansing ceremonies as a prerequisite for acceptance by the family and community. The position of WV staff was neither to encourage nor discourage such practices.

The day following the team's visit, 125 residents of the center in Gulu were scheduled to move to Kitgum town, where they were expected to be met by family members or to make their own way home. Previously, WFP had provided food for family reunification kits given to those returning home, but for the past two months WFP had been unable to provide this support.

Gulu Support the Children Organization and Red Barnet

In 1994, a group of local residents formed GUSCO to respond to needs among formerly abducted children. In January 1995, Red Barnet (Save the Children, Denmark) began to provide limited assistance to GUSCO using funds provided by the Danish International Development Agency (DANIDA). Initially, GUSCO provided support to former abductees at the army barracks in Gulu, and in March 1997 the program established a center in Gulu town with DANIDA funds

provided by Red Barnet for an 18-month period. A new three-year grant period began in August 1998. The GUSCO center includes a large compound with three rented houses and a large tent filled with bunk beds.

GUSCO receives former abductees who come from Gulu District and are 18 years old and younger, and on occasion youth of up to 21 years old have also been admitted. Prior to moving to its current location, GUSCO assisted over 1,000 children. Since March 1997, about 1,200 had been received at the center, 211 of whom were living there at the time of the visit. Most of those who come to the center are 13 to 15 years old, and about 25 percent are girls.

Many of the children arriving at the center are malnourished and some are sick or have wounds or other injuries. All receive medical examinations and such treatment as they need at St. Mary's Lacor Hospital in Gulu town. GUSCO estimates that about five percent of the children are experiencing profound psychosocial effects, such as hallucinations. These children receive services from the psychiatric department at the district hospital, which has two psychiatric nurses and is visited monthly by a psychiatrist. Among some of the children for whom such care did not prove effective, traditional cleansing ceremonies have produced complete remission of symptoms. Another 35 percent of the children demonstrate lesser degrees of psychosocial distress, such as nightmares, suicidal thoughts, or developmental problems. Some feel extremely guilty about things they have done. About 60 percent do not show significant or persistent psychosocial distress.

While there are occasional fights between children staying at the center, this was said to be in keeping with what would be expected among children of this age group. A social worker told the team that some of the children had killed or committed acts of brutality because they had been forced to do so by the LRA, but they had not become violent because of their experiences.

Relationships among the children are particularly important. Their experiences have made them distrustful of adults. Based upon what they have been told by the LRA, children are often fearful when they first come to the center, but they seek out others they know who reassure them. GUSCO also recognizes that all children in the district have been affected by the ongoing conflict because normal patterns of life have been disrupted.

Informal networks have been effective in tracing family members of most of the children. Because they are all from Gulu District, parents establish contact with about 70 percent of the children during their first week at the center.

The entire day at the center is structured, and its staff see this routine as an important part in the recovery process. On weekdays, the center's schedule begins with children cleaning their rooms, the compound and then bathing. On a rotational basis, designated children prepare all meals at the center. While some make breakfast the others have physical education. After breakfast new arrivals meet with a social worker. Social workers have children begin by drawing their most

painful experience. Those who are willing, discuss their drawing in a group. Others go to

classes in literacy, numeracy, and life skills or vocational skills. The social workers seek out and talk with others individually. Teachers assess children's ability to learn.

Lunch is followed by more physical education and that by story telling, dancing, songs, and sports. Children from the center and the community play together. Children then bathe and have supper. Two or three times a week a priest comes to the center to lead singing and to provide religious instruction. A social worker told the team that playing and other activities at the center help children develop the confidence they need to eventually stay in the community.

In keeping with an Acholi tradition, week-ends include time for "family talk" when children and staff reflect on the past and plan for the future. Mass is celebrated at the center on Sunday, and children can request passes to visit family members or attend religious services in the community. While some children leave the center without permission, it was reported that they come back on their own.

At the time of the team's visit, the GUSCO staff included a program coordinator, a deputy coordinator, three paid social workers (one of whom is also center administrator), four volunteer social workers, a project matron, a project nurse, two teachers, and eight support staff. A Danish social worker supported by Red Barnet and an Ethiopian psychologist who works for Rädde Barnen (Save the Children, Sweden) have provided technical support to the staff. Some GUSCO staff members have also participated in UNICEF training on community mobilization.

GUSCO recognizes the importance of building support for war-affected children in the community. It has trained about 200 teachers in the district and over 100 local officials and members of working's groups concerning the psychosocial impacts of the violence on children. It has also organized Children's Rights Clubs in the district. During the new funding period that began in August, GUSCO plans to give greater emphasis to community-based activities. These will include activities to strengthen community-based support mechanisms through training, raise public awareness of children's rights and the needs of war-affected children, improve the access of displaced children to education, and train teachers how to support war-affected children.

GUSCO also recognizes the need to follow up children who have left the center but has had limited capacity to do so. With only three paid social workers and some volunteers, very little follow-up is done. This may be improved when three more paid social work positions are added to the staff in August, but the total of six social work positions compares with the 15 that GUSCO believes it needs.

Associazione Volontari per il Servizio Internazionale

Associazione Volontari per il Servizio Internazionale (AVSI) is an international NGO based in Milan, Italy, that has had a program in Uganda since 1980. It has been registered with USAID since 1991. In Uganda AVSI has been engaged in a variety of relief and development activities in health, education, vocational training, employment promotion, and psychosocial needs. In northern Uganda, AVSI is an implementing agency of UNHCR in the Acholi-Pii camp for Sudanese refugees, in Kitgum District. It also provides assistance to displaced residents of Kitgum.

In response to a request made by the Kitgum District's Disaster Relief Committee, UNICEF provided funding to AVSI to carry out training in counseling to benefit camps for displaced persons. In April 1997, together with WV and District personnel, AVSI facilitated two workshops on psychosocial support. The first was for 108 community volunteer counselors living in the camps and the second for government personnel, including 12 community development assistants and 28 teachers working in the camps. The objectives of the training were:

- to improve ability to identify traumatized children and promote their recovery,
- to follow up with children and their families
- to promote leisure and income generating activities in the camps.

Since the training, Associazione Volontari per il Servizio Internazionale has provided technical support to the district's Community Development Department concerning follow-up activities and development of a long term psychosocial support program for the district.

AVSI has also provided psychosocial support for the reintegration of amputees treated at Lacor and Gulu Regional Hospitals in Gulu District. As an organization, Associazione Volontari per il Servizio Internazionale developed its first psychosocial support program in Rwanda in 1994.

Concerned Parents Association

In October 1996 the LRA abducted 139 secondary school girls from St. Mary's College in Aboke, Apac District. One of the nuns responsible for the college pursued the abductors and persuaded them to release 109 of the girls. Others escaped on their own, but at least 21 are still held by the LRA. The Concerned Parents Association (CPA) was formed by parents of the abducted girls and has advocated for their release and that of other abductees. Membership in the organization has since been opened to anyone who supports their aims and totals over 1,000. Its objectives include the return of all abductees, an end to abductions, contributing to peace initiatives, and offering support services to families of abductees. CPA is based in Aboke and has 130 members in Kitgum District. It also has members in Gulu and has developed a good relationship with GUSCO.

CPA has not received any significant funding and operates on a volunteer basis. It has recognized that the families of abductees need support while their children are missing and when they return. CPA expressed interest in developing such services. The Kampala-based members with whom the team met also said that CFA is able to meet with President Yoweri Museveni at any time they request. They were hopeful that the arrest in the United Kingdom of the second in command of the LRA and his anticipated extradition to the United States might lead to an opportunity to secure the release of abductees.

Core Group on Psychosocial Support

UNICEF has helped to organize a dynamic, inter-organizational Psychosocial Support Group that includes the various bodies responding to psychosocial needs generated by the conflict in the north, the influx of refugees from Sudan, and the insurgency in Kasese District in western Uganda. The Core Group advocates attention to psychosocial issues, facilitates coordination among the bodies involved, assesses needs and responses, and promotes improved interventions. It meets regularly to address operational issues. Participating bodies include:

- WV
- GUSCO
- Associazione Volontari per il Servizio Internazionale
- IRC
- CCF
- SCF
- Red Barnet
- The Transcultural Psycho-social Organization (a Dutch NGO)
- Hope After Rape (a local NGO)
- Ministry of Gender, Labor, and Social Development
- Ministry of Health
- Ministry of Education
- UNICEF
- UNHCR

The Core Group has increased awareness of psychosocial needs among local government officials and agencies addressing the needs of displaced and refugee populations in the north. Recognizing that approaches to psychosocial needs differ, the group has conducted two major workshops to build skills and consensus among participating organizations and government offices. It has also carried out a psychosocial needs assessment in six northern districts. The team benefitted from a discussion in which 15 members of the Core Group participated. This group provides a model of mobilization and cooperation on psychosocial issues that deserves international attention.

PROGRAMS BEING DEVELOPED

Kitgum District Psychosocial Support Program

AVSI, the Kitgum District government, and UNICEF have signed a tripartite agreement for a district-wide Psychosocial Support Program for the period July 1998 - June 2000. The program's main activities are to include:

- Training community volunteer counselors, teachers, and health workers
- Sensitizing and mobilizing communities around psychosocial needs
- Counseling
- Organizing peer group education in life skills
- Providing education to adolescents on reproductive health.

While the program is expected to give particular attention to the needs of formerly abducted children, it will also address the psychosocial needs of war-affected children and adolescents throughout the district. The District's Community Development Department is responsible for coordinating the program. Line personnel from the District's Probation and Welfare Department and the ministries of Health and Education are also to be involved. A community advisory committee is to be established in each of the district's 26 sub-counties. Associazione Volontari per il Servizio Internazionale is to train 80 teachers and 249 community volunteer counselors, in addition to those it has already trained. Linkages are anticipated with UNICEF's integrated development activities in the district. The team was informed that the District also seeks a center in Kitgum similar to those in Gulu.

International Rescue Committee Psychosocial Program

By the time of the team's visit, the IRC had established an office in Kampala and an ongoing presence in Kitgum, and it had secured six months of funding to initiate a psychosocial program in that district. IRC plans to coordinate with and provide support to community-based initiatives mobilized through the Kitgum District Psychosocial Support Program. The activities foreseen include:

- Supporting community-based follow-up of former abductees and structured activities for them
- Organizing tracing and family reunification for former abductees
- Facilitating medical care for formerly abducted children
- Facilitating the return to school or nonformal education of former abductee children and

- adolescents
- Supporting the economic activities of former abductees too old to return to school
- Providing settlement kits to newly returned abductee children who return home directly
- Supporting reproductive health education
- Promoting community-based clubs and activities for children
- Training parents, teachers and others in the affects of armed conflict on children.

UNICEF Database on Abductees.

UNICEF has played an ongoing advocacy role concerning the prevention of abductions in northern Uganda and the release of LRA abductees. It is developing a database on abductions to provide more accurate information on the extent of the problem for use in advocacy, planning services, and facilitating family reunification. The system is intended to include case histories compiled by WV with information collected through interviews with family members of abductees, and it includes information on adults and children. Development of the database began in October 1997 and by September 1998 it is expected to include up to date and relatively complete information on abductions in northern Uganda. Information is collected at the community level by members of Local Council one and compiled at the sub-country level then district levels before being entered into the database.

OBSERVATIONS ON PROGRAMS AND NEEDS

Much positive work is being done in Gulu and Kitgum to address the needs of former abductees. In Gulu efforts have largely been concentrated in the two centers. While some efforts have been made at the community level, there are no systems in place to follow up or provide support to former abductees or to their families. In Kitgum efforts are at an earlier stage of development but the focus is primarily toward developing community-based efforts, although a center may be established there as well.

A major constraint to providing services at the community level in the two districts is the very unstable security situation that makes road travel only an intermittent possibility. This difficulty can be addressed, however, through a strategy of building family and community capacities to provide support and to facilitate children's reintegration. With this approach, the role of NGOs would be to provide training and periodic support and to receive referrals or otherwise help respond to more difficult problems.

Another constraint to initiating psychosocial activities at the community level is the very difficult living conditions in the camps. Since the team was not permitted to visit camps in Kitgum or Gulu, comments in the two following paragraphs concerning potential activities in the camps are necessarily speculative, but they are based on experience with other refugee and displaced populations.

Inadequate provisions for water, food, sanitation, health services, and economic opportunities all cause additional stress and tend to keep priorities focused on physical needs. Community mobilization to address psychosocial issues will depend in part on the extent to which people are able to meet their basic material needs and the time that they must devote to basic survival tasks. Prior to attempting to mobilize community-based initiatives, NGOs need to engage residents in a dialogue about:

- What people see as their most pressing needs
- The extent to which they are concerned about the situation of former abductees, in particular, and the psychosocial impacts of violence, displacement and insecurity on children generally
- Who is responsible for responding to the issues they are concerned about (e.g. government, NGOs, themselves)
- The amount time that women, men, boys, and girls respectively must devote to daily survival tasks
- The amount of time they might commit to any new initiatives.

To the extent that some people living in the camps are (1) able to meet their own basic

subsistence needs, (2) concerned about the reintegration and support of former abductees, and (3) able carry out additional activities, it may be possible to mobilize them to carry out community based efforts through sensitization, training, and periodic support. “Ownership” of the responsibility to address a problem can provide a basis for developing community-managed efforts to address it. However, if these criteria are not adequately met, action at the community level may require the payment of incentives or salaries to community-level workers. The obvious disadvantage of the latter approach is that the continuation of any activities will be contingent on the ongoing availability of funds to pay workers.

Building Family and Community Capacities

The team was concerned that there is little direct programmatic effort to facilitate family reunification or to follow-up, monitor, and support the reintegration of former abductees. For example, the group of 125 former abductees, who returned to Kitgum the day after the team’s visit to the WV center, came from various parts of that district. The reunification procedure described to the team was that word had been sent to families regarding when the group was due to arrive in Kitgum Town. WV individuals who were not met would be on their own to return home.

While security problems may preclude taking all the former abductees to their homes individually, there is still a need to verify that each child has someone who is prepared to receive, protect, and care for her or him. It should be possible to do this by working through existing church, local government, and NGO networks. Also, through the same systems, follow-up visits should be carried out to determine if reintegration has gone well and to respond or make referrals if there are significant problems. In Rwanda, for example, an interagency NGO network proved effective in carrying out and supporting family reunification for separated children.

As of the time of the visit, the main programmatic responses to the needs of the former abductees have been limited to the centers, which focus on the few weeks immediately after abductees escape or are freed from the LRA. This is an important period, but by itself this response is insufficient, and it is separated from the environment where children’s ongoing adjustment must take place. The extent to which children affected by armed conflict are able to cope with their experiences and develop in healthy ways is influenced by their home life and experiences before and apart from the violence, their individual personalities, their exposure to violence and personal losses, and the care and support they receive during and after these experiences. Consequently, abductees’ individual needs vary, and the process of recovery and reintegration can take a long time. While some children may benefit from a limited transition period in a center, it is not necessary for all, especially if support is available from their families and communities. Also, children’s fundamental need is for long term care and support from their families and communities. Building these capacities should be a primary objective of efforts to benefit former abductees and other children seriously affected by the ongoing violence.

The effectiveness of current activities might be improved by refocusing their objectives. As opposed to promoting recovery from trauma, for example, it would be helpful for agencies to make their primary objective “the successful reintegration of former abductees into their families and communities” then tailor their activities accordingly. Successful reintegration is important and measurable and would provide a basis for developing programs and assessing the value of different interventions. Recovery from psychosocial distress may be an important step, but it is not enough.

Current programs are attempting to accomplish things in the centers that could be more effectively done in the communities to which children will return. Center-based activity should be relatively brief. It should be geared toward family and community reintegration because it is at these levels that the value of interventions can be best determined. Successful family and community reintegration will require efforts to improve the capacities of families and communities to accept, support, and ensure ongoing care for former abductees. The physical and psychosocial recovery of these children is a long-term issue and requires more than short-term services.

Reception centers may help, but their efforts are incomplete because family and community reintegration takes place in the homes and communities of the former abductees. Helping individuals to recover from trauma cannot be addressed effectively in isolation from the families and communities of returnees because the healing that needs to take place is social as well as psychological, and it involves the families and community members as well as the former abductees.

Present efforts in the centers are positive but focused too narrowly on the former abductees. Follow-up and support systems to facilitate the reintegration of former abductees are needed at the community level to:

- Ensure access to health services
- Sensitize and train family members of abductees and key people in their communities (before, during and after reunification) to provide ongoing support
- Develop community-based systems to follow up and monitor the adjustment of former abductees and their families
- Provide opportunities to return to school or to learn economically relevant skills
- Generate opportunities to engage in agriculture or other economic activities
- Assist with family placement or other long-term living arrangements where return to families of origin is not possible.

While the former abductees do need particular attention, the conflict in the north has affected children generally. Many of them have family care and support that helps them to cope with the stresses but others do not, and they need attention. It is important to sensitize families and

communities to the ways that armed conflict affects children's well-being and to mobilize efforts to support and promote the healthy development of the children most seriously affected by the conflict and their living conditions.

A basic strategy is to promote positive, structured activities for children generally and to make specific efforts to include those who are withdrawn, isolated, or otherwise showing signs of distress. This avoids stigmatizing such children or isolating them further by singling them out for special services. Examples of potentially beneficial activities include sports, games, drama, dancing, music, and art. Also, participation in school, structured nonformal education, or skills training activities, in addition to providing useful knowledge and skills, can have the psychosocial benefits of helping to structure and normalize daily life, facilitating social integration, and giving life a focus beyond immediate survival problems. Religious activities can facilitate social integration, provide support, and help give meaning to distressing events and losses. Traditional cleansing ceremonies can also be important in children's recovery and acceptance.

With the security problems that prevail in both districts and the large number of children who need support, the only feasible way for activities to be carried out will be to mobilize people in camps and communities. They can be trained and supported by NGO and government personnel. This is the approach being developed in Kitgum, but has been very limited in Gulu.

There appears to have been little attention to the distress of the families of abducted children, and they need to play some of the most important roles in supporting former abductees and promoting their reintegration. A recent study funded locally by the United States Information Service confirmed what the Concerned Parents Association and Associazione Volontari per il Servizio Internazionale have said, that more should be done to provide them support.¹¹ Among those who are left behind after an abduction, the psychological distress of not knowing what has happened to a kidnaped family member can be severe. More attention is needed to the impact on the parents, siblings, and other relatives who may live for years with uncertainty and anxiety about the fate of those abducted as well as fear for themselves. Helping to alleviate their distress is not only itself a worthwhile objective, but to do so can also better enable these families to accept and reintegrate their abducted children when it becomes possible.

The Concerned Parents Association, in addition to its advocacy efforts, appears ready to develop ways to support the families of abductees and sensitize them to the issues that they may face when a child returns. This local organization would benefit from partnership with a strong NGO that can help it develop the organizational ability to secure and manage resources and develop its implementation capacity.

The Centers

The team observed significant differences between the two centers in Gulu that were confirmed by others who have spent time in them. Also, there seemed to be little ongoing communication between the centers, which are both located in Gulu town. The emotional climate in the WV center appears much more subdued than in the GUSCO center. In the latter, children were playing, dancing, and engaged in various instructional activities. A major difference between the centers is that the GUSCO center is almost exclusively for children, while WV accepts adults as well. It seems likely that the presence in a center of adults, some of whom may have been in positions of authority during their time with the LRA, would discourage the playfulness that can contribute to children's recovery. Adult abductees also need support and assistance, but it would probably be more appropriate to have a separate reception facility for them. Another factor that likely affects the emotional level in the centers is that the WV compound is much smaller, and some of the space in it is being used to store public works equipment and materials. Also, children in the GUSCO center have the advantage of being closer to home and are more likely to be visited regularly by their parents or other family members.

The team was concerned about the way that the two centers in Gulu insist on returnee children staying for several weeks prior to their being released to their families. The degree and persistence of psychosocial distress varies among individuals who experience a particular event. Many factors interact to determine the degree of psychosocial impact on a particular child exposed to violence. Children who experience violence may not experience significant, ongoing distress, particularly if they have love and support from their families. The same set of experiences can be devastating to one child and have relatively little impact on another. Children's backgrounds affect their resilience. If support can be provided at family and community levels, most children could pass quickly through the centers or go home directly.

Logistical constraints also contribute to longer stays in the centers. GUSCO's one vehicle is in frequent use transporting children to and from the hospital and supporting the operation of the center. This limits opportunities to transport children home. Also, since most of the children in the WV center are from other districts, they have further to go and the destinations are spread over a wider area. Collaboration with other NGOs, as was done with family tracing and reunification in Rwanda, might facilitate quicker return for children from other districts.

If a center is developed in Kitgum, it should serve primarily to receive children and to facilitate return to their families as quickly as possible. Also, since Kitgum town may be more vulnerable than Gulu to attacks by the LRA, another factor that should be seriously considered before establishing a center in Kitgum is whether it might become a target of attacks to kill, punish, or recapture children who have escaped. Smaller less visible group reception homes or foster homes could be a better alternative.

Training

The training that has been done by Associazione Volontari per il Servizio Internazionale in Kitgum and is planned in Gulu by GUSCO is a positive step toward building community capacity to respond to the psychosocial needs of war-affected children, but training by itself is not sufficient. In Kitgum there is good potential for a collaboration between Associazione Volontari per il Servizio Internazionale, the District, and IRC, with IRC providing ongoing support to people trained.

Experience with training paraprofessional social workers in other situations suggests that pre-service classroom training should be relatively limited and that the most important training is likely to take place as trainees begin to carry out basic tasks and have the opportunity to review and reflect on their experiences with trainers and each other. Also, conceptual knowledge is often of less value than concrete skill development and problem-solving activities.¹²

Exchange and Resource Material

Organizations addressing psychosocial needs among children in northern Uganda have significant experiences to share and could also benefit from exchange with NGOs that have demonstrated effective approaches in other situations. While much has been done and learned, no expert, organization or group of organizations has yet come up with all the answers for how best to meet the needs of children profoundly affected by armed conflict. Each new situation has unique aspects, raises new challenges, and brings new insights. It is vitally important that organizations working in Uganda try to benefit from what others have learned and share their own lessons with others.

The conflict in northern Uganda has parallels, for example, to the one in Sierra Leone, where a predatory insurgent group is also abducting large numbers of children to use as fighters or for sexual exploitation. Organizations in both situations are faced with the need to reintegrate former abductees. In Sierra Leone the Child Protection Committee, which includes the Ministry of Social Welfare, Gender, and Children's Affairs; UNICEF; and local and international NGOs, has developed strategy papers to guide action on demobilization and reintegration of child soldiers and addressing psychosocial needs. The Ministry issued a policy document to guide action concerning separated children. A Family Tracing Network coordinates the efforts of participating NGOs.

Examples of other situations where exchange could be useful include the following:

- In Angola the Christian Children's Fund (CCF) has developed a program that trains people working with war-affected children to recognize and address their psychosocial needs. Traditional healing has proven helpful as one type of response to children's psychosocial distress. CCF and SCF (UK) are also working through existing Church networks to reunite former child soldiers and other separated children.

- In Liberia SCF (UK) has found that many former child soldiers could readily reintegrate in their families and communities, some needed follow-up support in the community, and some needed other forms of care and support.
- In Mozambique, Save the Children Federation (US) established a center for treating child soldiers captured from RENAMO, the insurgent group. In a short time, the psychologist in charge of the center came to recognize that family reunification was the most important intervention in promoting the recovery of these children. Local staff reuniting them with their families saw the importance of traditional cleansing and healing ceremonies to family and community reintegration.
- In post-genocide Rwanda Save the Children (US) carried out a psychosocial recovery program that began in some of the centers for separated children and shifted to a focus on foster placement and community mobilization to protect and care for vulnerable children.
- In the Great Lakes Region SCF (UK) and the International Committee of the Red Cross led an interagency tracing system that reunited thousands of children with their families.

Some of the more recent publications that provide useful guidance concerning the development of effective programs to benefit children affected by armed conflict include:

- C *Children in War: A Guide to the Provision of Services* (UNICEF, 1993),
- C *Refugee Children: Guidelines on Protection and Care* (UNHCR, 1994)
- C *Children: The Invisible Soldiers* (Rädda Barnen, 1996),
- C *Restoring Playfulness: Different Approaches to Assisting Children Who Are Psychologically Affected by War or Displacement* (Rädda Barnen, 1996), and
- C “Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement; (International Save the Children Alliance, 1996) ¹³

APPENDIX 1

APPENDIX 2

NOTES

1. Northern Uganda is defined as ten districts: Arua, Nebbi, Moyo, Adjumani, Gulu, Kitgum, Apac, Lira, Kotido and Moroto.
2. Robert Gersony, "The Anguish of Northern Uganda: Results of a Field-based Assessment of the Civil Conflicts in Northern Uganda," submitted to the United States Embassy, Kampala, August 1997, p. 48.
3. "The Scars of Death: Children Abducted by the Lord's Resistance Army in Uganda," Human Rights Watch / Africa, Human rights Watch Children's Rights Project, New York, 1997, p. 3.
4. "The Scars of Death," p. 4.
5. "The Scars of Death," p. 24.
6. Gersony, pp. 30 & 78.
7. From text of remarks by Hillary Rodham Clinton at Makerere University, Kampala, Uganda, March 25, 1998.
8. Gersony, p. 44.
9. "The Scars of Death," p. 36 & 37.
10. "Restored Hope: Testimonies of Former Abducted Children Undergoing Counseling in Northern Uganda," World Vision, Kampala, 1998, p. 13.
11. Richard T. Wintersteen, Lois B. Wintersteen, and Penninah Dufite-Bizimana, "Traumatized Families in Uganda's North: Secondary Victims of Abuduction, World Vision and the United States Information Service, July 27, 1998.
12. Based on an assessment of the adequacy of counseling and mental health services in Gulu and Kitgum for the most seriously affected children, the Mission may wish to consider supporting the training of two or more counselors at Mbarara or Makerere University.
13. In addition to those listed in the text of this report, resource documents that organizations training for psychosocial activities at community level may find useful include: *Establishing a Social Work Program in a Refugee Camp: Some Lessons Learned from the Thailand Experience* (Ann Kennedy, Save the Children Federation, 1982), *Community Social Work Training in Refugee Camps: A Manual Based on Experience Derived from a UNHCR/Rädda Barnen Program in Somalia 1985-1987*, Ulla Bloomquist and Joy Mahlasela, Rädda Barnen, 1988, "An

evaluation of the Trauma Program at Ukwimi Refugee Settlement," John Williamson, Christian Children's Fund, prepared for the International Catholic Child Bureau, 1992, "The Mid-term Evaluation of the Provence-based War Trauma Team Project: A Project of CCF," Ted Green and Mike Wessels, Displaced Children and Orphans, 1997.